<b>Depart</b>	tment of Veterans		FUNDS TO BE CREDITED RECEIPT NO.					
FIELD SERVICE RECEIPT - PATIENT'S FUNDS				DEPOSITS, PERSONAL FUNDS OF PATIENTS-SYMBOL 36X6020				
NAME OF PATIENT				SOCIAL SECURITY NO. (Ident. No.)		AMOUNT	DATE	
						\$		
CHECK NO.	DATE	BANK NO.	CREDIT DEFERRED UNTIL	DESCRIPTION OF OTHE	R REMITTANCE	•	<b>'</b>	
				CASH C	IONEY DRDER	TREASURY OTHER CHECK (Specify)		
NAME OF REMITTE	iR		PURPOSE					
			USE OF CLOTHING (Specify)					
Receipt is hereby acknowledged of the amount stated above - checks accepted subject								
STATION NO.	LOCATION		INITIAL RECEIPTOR	AGENT CASI		IER		
VA FORM OCT 1992(R) 10	)28					TO F	REMITTER 1	
				FUNDS TO BE CREDITED RECEIPT NO.				
Department of Veterans Affairs				FUNDS TO BE CREDITED	J	RECEIPT NO.		
FIELD SERVICE RECEIPT - PATIENT'S FUNDS				DEPOSITS, PERSONAL FUNDS OF PATIENTS-SYMBOL 36X6020				
NAME OF PATIENT				SOCIAL SECURITY NO. (Ident. No.)		AMOUNT	DATE	
						\$		
CHECK NO.	DATE	DATE BANK NO.		DESCRIPTION OF OTHER REMITTANCE				
						TREASURY OTH		
NAME OF REMITTER				CASH ORDER CHECK (Specify)  PURPOSE				
				USE OF OTHER PATIENT CLOTHING (Specify)				
	eipt is hereby acknowledged of the amount stated above - checks accepted subject			to collection.				
STATION NO.	LOCATION	LOCATION		AGENT CAS		IIER		
VA FORM OCT 1992(R) 10	)28			TO P	ATIENTS	FUNDS AC	CCOUNTS 2	
						1		
Department of Veterans Affairs				FUNDS TO BE CREDITED		RECEIPT NO.		
FIELD SERVICE RECEIPT - PATIENT'S FUNDS				DEPOSITS, PERSONAL FUNDS OF PATIENTS-SYMBOL 36X6020		С		
NAME OF PATIENT				SOCIAL SECURITY NO. (Ident. No.)		AMOUNT	DATE	
						\$		
CHECK NO.	DATE	DATE BANK NO. CREDIT		DESCRIPTION OF OTHER REMITTANCE				
				CASH MONEY TREASURY OTHER (Specify)				
NAME OF REMITTER				PURPOSE				
				USE OF PATIENT	LOTHING	OTHER (Specify)		
Receipt is hereby	<del></del>	- checks accepted subject						
STATION NO.	LOCATION	LOCATION			AGENT CASH	AGENT CASHIER		